								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOIL Effective OCUODO(1, 2003							RD)	10/642969				
		CLAIMS AS	FILED - PART I (Column 1) (Column 2)					SMAL TYPE	L EN	TITY	OR	OTHER SMALL I	THAN
TOTAL CLAIMS								RAT	E	FEE	1 1	RATE	FEE
FOR			NUMBER FILED NUMBER EXTRA					BASIC	FEE	335	OR	BASIC FEE	3776
TOTAL CHARGEABLE CLAIMS			0 minus 20= *					X\$<		OR	X\$ &=		
INDEPENDENT CLAIMS			minus 3 =)	/	XXX	<u>.</u>			×8b=	<u>·</u>
MULTIPLE DEPENDENT CLAIM P			REȘENT						7	~	OR		
# 16	the difference	In column 1 is	loss than zero, enter "0" in column 2					+145			OA	+∂90=	
"	. 1		less than zero, enter "0" in column 2					TOT	AL [OR	TOTAL	·
	HC	(Column 1)	MENDED - PART II (Column 2) (C			(Column 3)		SMALL ENTI			OR	OTHER'	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	EST BER OUSLY	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADD TION/ FEE
	Total	· 0	Minus	***>2	0			X\$Ç	3=		OR	X\$(8=	
	Independent	* /	Minus	***	3	=		.XX	3=		OR	×26	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDENT	CLAIM				-	*			
		·	•		•			+145	TAL		OR	TOTAL	
•		42				.2.		ADDIT.		• •	OR	ADDIT. FEE	
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colur HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADD TION. FEE
	Total	*	Minus	**		=		X\$9	<i>=</i> .		OR	X\$18=	
	Independent	*	Minus	###		=]	X	<u>.</u>		OR	×86±	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT	CLAIM		1				1		
			•				,	+145	TAL.		OR	+290=	
•						VA 4		ADDIT.	FEE L		OR	ADDIT: FEE	L
		(Column 1) CLAIMS	Medical	(Colur		(Column 3)	1 .				1 .		ADE
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	TION FEI
	Total	t	Minus	**		=		X\$G	=		OR	X\$18=	
	Independent-	*	Minus	***	4.	=		X			OR	X865	
4	FIRST PRESE	NTATION OF MU	JLTIPLE DE	PENDEN	T CLAIM]		\dashv	•	1		
* 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								ý= TAI		OR	+276=	<u> </u>
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												<u> </u>	